

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 091657 722	FILING DATE			
						APPLICANT(S)				
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51	2		
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
17							67			
18							68			
19	1						69			
20	1						70			
21	1						71			
22	1						72			
23	1						73			
24	1						74			
25	1						75			
26	1						76			
27	1						77			
28	1						78			
29	1						79			
30	1						80			
31	1						81			
32	2						82			
33	2						83			
34	2						84			
35	1						85			
36	1						86			
37	2						87			
38	2						88			
39	1						89			
40	1						90			
41	1						91			
42	1						92			
43	2						93			
44	2						94			
45	2						95			
46	2						96			
47	2						97			
48	2						98			
49	2						99			
50	2						100			
TOTAL IND.	6						TOTAL IND.			
TOTAL DEP.	42						TOTAL DEP.			
TOTAL CLAIMS	48						TOTAL CLAIMS			